



IOWA DEPARTMENT OF NATURAL RESOURCES

APPLICATION FOR IMPORTATION PERMIT FOR NON-INDIGENOUS FISH,  
SALMONID FAMILY FISHES, AND CATFISH FAMILY FISHES

Applicant Name (s): \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street or P.O. Box City/State/Zip

Home Address: \_\_\_\_\_  
Street or P.O. Box City/State/Zip

Rural Route: \_\_\_\_\_  
Township Range Section

Aquaculture Unit License No. (DNR No.): \_\_\_\_\_

Species to be imported (list below):

<u>Common Name</u>	<u>Scientific Name</u>	<u>Number</u>	<u>Source</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Before importation, an owner or operator of an aquaculture unit must provide the date of the most recent disease inspection on the imported lot of fish and a statement certifying the fish, eggs or semen of any species of the salmonid family (trout, salmon, and char) and ictalurid family (catfishes and bullheads) have been inspected for these diseases listed on Page 2. All disease certification statements must include the results of the latest inspection and be issued and signed by an approved certified pathologist.

Mail disease certification statement and this form to:

Iowa Department of Natural Resources  
Rathbun Fish Culture Research Facility  
15053 Hatchery Place  
Moravia, IA 52571  
FAX 641-647-2690

List county, township and owner of Iowa private waters where imported species will be stocked.

<u>Species</u>	<u>County</u>	<u>Township</u>	<u>Owner</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I have read the Iowa Department of Natural Resources regulations governing licenses aquaculturists and will operate in conformity with them.

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(if a company)

- NOTE:
1. There is no registration fee for a person or company currently holding a valid aquaculture license.
  2. Persons or companies not holding a valid license must acquire that license before this application can be completed.

Species of the Salmonid family must be certified free of the following diseases:

Viral Hemorrhagic Septicemia (VHS), Infectious Pancreatic Necrosis (IPN), Whirling Disease (*Myxosoma Cerebralis*), Infectious Hematopoietic Necrosis (IHN), Ceratomyxosis (*Ceratomyxa shasta*), Bacterial Kidney Disease (*R. salmoninarium*), Proliferative Kidney Disease (PKD), Enteric Redmouth (*Yersinia ruckeri*), Vibriosis (*Vibrio sp.*).

Species of the Salmonid family must be inspected for Furunculosis (*Aeromonas salmonicida*).

Species of the Ictalurid (Catfish ) family must be inspected for Enteric Septicemia of Catfish (ESC or *Edwardsiella ictaluri*). Those diseases are classified as reportable diseases and importation will be permitted on a case by case basis.

**Attach certification to this form.**

Questions can be directed to Alan Johnson at 641-647-2658 or FAX 641-647-2690.